

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Philip Angelides, Chairman
CA State Treasurer

Community Clinic Grant Program of 2005 Grant Application

GRANT FUNDS
FOR CALIFORNIA'S
PRIMARY CARE CLINICS

915 Capitol Mall, Suite 590
Sacramento, California 95814
Phone: (916) 653-2799
Fax: (916) 654-5362

COMMUNITY CLINIC GRANT PROGRAM OF 2005 APPLICATION FORM



Please type all responses. Incomplete or illegible applications will not be considered.

A. Summary Information

Applicant Legal Name: _____

Federal Tax ID #: _____

Street Address: _____

City State Zip _____

County: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Project Information

Project Location (if different from above): *Submit one application per project location.*

Clinic Name: _____

Street Address: _____

City State Zip _____

County: _____

Requested Amount:

*(This Application / Location)** \$ _____

*(For Organization) *** \$ _____

Number of licensed facilities for organization _____

Total of Number of Grant applications for organization _____

Date of Application: _____

* If requested amount is > \$250,000 must provide copies of all existing clinic licenses.

** Applicable to organizations with more than one licensed clinic as follows:

2 Clinics = \$500,000 max. per org.

3 or more Clinics = \$750,000 max. per org.

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<Authority Use Only>

Date Received: (stamp below)

Allocation Meeting Date: _____

B. Applicant and Project Eligibility

1. Are you licensed as:

- ☐ Community Clinic
defined under Section 1204(a) of the California Health & Safety Code
- ☐ Free Clinic
defined under Section 1204(a) of the California Health & Safety Code
- ☐ Indian Clinic
defined under Section 1206(c) of the California Health & Safety Code

If you are not one of the above, your clinic is ineligible for this program.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 2. Is the project eligible? Grant funds may only be used to: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Construct or expand facility. | | |
| <input type="checkbox"/> Remodel or renovate facility. Applicant must have a 5-year lease term remaining to renovate or remodel a leased facility. | | |
| <input type="checkbox"/> Purchase equipment, furnishings, or information technology, including removal, installation, maintenance contracts and reasonable training. | | |
| <input type="checkbox"/> Acquire new facility. | | |
| <input type="checkbox"/> Pay permit or planning fees. | | |
| 3. Are you a non-profit 501(c)(3) corporation, for purposes of federal and state tax law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been licensed by the State Department of Health Services or exempt from licensure by the State Department of Health Services since January 1, 2004. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is your project completion timeline within 18 months from the final allocation date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you provide your 2004 statistical data to OSHPD for the Annual Utilization Report of Primary Clinics?
(Not required for on-reservation Indian clinics) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are your 2004 audited financial statements free of “going concern qualification” language, which questions your ability to continue operations? | <input type="checkbox"/> | <input type="checkbox"/> |

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
8. If the Clinic proposes to use Grant funds for the <u>acquisition of real property</u> , does the Clinic have a valid, current, enforceable contingent purchase and sale agreement/ option agreement between the Clinic and the owner of the subject property, including evidence that all extensions necessary to keep the agreement current through the final allocation have been executed, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If the proposed project includes the <u>acquisition of real property</u> , can the Clinic provide the Authority with reasonable assurance that the acquisition is a component of a larger project that will ultimately meet the Grant program objectives, such as the construction of a new facility to benefit targeted patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If the Clinic proposes to use Grant funds for a <u>project other than the acquisition of equipment</u> , on certain property, can the Clinic provide evidence that either:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • The Clinic owns the property, OR • The Clinic is a lessee under a lease agreement that satisfies Section 7094 (minimum remaining lease term of 5 years from the estimated completed project date). 			
11. If the Clinic proposes to use Grant funds for a project that includes <u>permit, planning fees or land acquisition costs</u> , can the Clinic provide assurance to the Authority that any of these fees are components of a larger project that will ultimately meet the grant program objectives? The Authority shall rely on timelines associated with the entire project to assess whether or not the project will meet the program objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you answered **no** to any applicable question above, you are not eligible to receive a grant.



If you answered **yes** to all questions, you may continue completing the remaining pages of the application.



C. **Population Served** (SCORING 0–60 points), based on the response below:

This section evaluates the applicant's patient base in terms of economic status and healthcare access. (*Authority to score items 1-3 below, applicant to provide information for 4 and 5 below, if applicable*).

(1) Uncompensated Care (Maximum 15 points)

Applicants shall be awarded points for the level of uncompensated care provided to patients based on the Self-Pay and Non-Pay encounters reported to the Office of Statewide Health Planning and Development in the 2004 Annual Utilization Report of Primary Care Clinics. Applicants shall be placed in one of three tiers based on the calculated ratios. Applicants scoring in the upper tier shall receive *15 points, the middle tier shall receive 9 points, and the lower tier, 0 points.*

(2) Indigent Care (Maximum 15 points)

The Applicants shall be awarded points based on the amount of care provided to Indigent patients (at or below 200% of the Federal poverty level) as reflected by the ratio between the number of Indigent patients and the number of total patients that are reported by each Applicant in its 2004 annual report on file with the Office of Statewide Health Planning and Development pursuant to Section 1216 of the Health and Safety Code

(3) Care to the Uninsured (Maximum 15 points)

Applicants shall be awarded points for the level of encounters provided to the uninsured through the Child Health and Disability Prevention Program, the Medically Indigent Services Program, the County Medical Services Program, the Expanded Access to Primary Care Program, Other County Programs, Other State Programs, and Self-pay and Non-pay encounters reported to the Office of Statewide Health Planning and Development in the 2004 Annual Utilization Report of Primary Care Clinics. Applicants shall be placed in one of three tiers based on the calculated ratios. Applicants scoring in the upper tier shall receive *15 points, the middle tier shall receive 9 points, and the lower tier 0 points.*

(4) Care to the Underserved (Maximum 10 points)

Applicants located in federally designated Medically Underserved Areas (MUA), Health Professional Shortage Areas (HPSA) or Medically Underserved Populations (MUP) *will receive 10 points.* Applicant must provide the appropriate and current federal designation letter to receive points under this section.

(5) Special Needs Populations (Maximum 5 points)

Applicants who serve a population of patients with serious chronic or acute conditions that require an extraordinary level of experience and care to provide health care services that result in extraordinary costs to a Clinic *may receive up to 5 points.* Applicants must provide third-party substantiating data demonstrating the extraordinary condition of these populations.

D. Proposed Services (SCORING 0–50 points), based on the response below:

Describe the proposed project, its purpose, the need for the project and the services it will provide. Will it result in new services being offered to your clients? Will it maintain or improve existing services?

Points may be awarded under either (1) or (2) below, but not both.

- (1) Projects that will expand services to the indigent, underinsured, and uninsured patient populations will be evaluated as follows: (*Maximum 50 points*)
 - A. Extent to which the proposed project reflects a superior understanding and prioritization of community needs, community problems or barriers to accessing health care services based on data and input from various credible sources included in the application. (*Maximum 20 points*)
 - B. Amount and importance to community of new services that the project proposes to provide. (*Maximum 20 points*)
 - C. Extent to which applicant justifies achievable and convincing outcomes, and how the applicant will effectively monitor and evaluate the outcomes. (*Maximum 10 points*)
- (2) Projects that will maintain or improve existing services (will not result in net additional or new services to existing or new patients) to indigent, underinsured, and uninsured populations, which will be evaluated by the following: (*Maximum 40 points*)
 - A. Extent to which the proposed project reflects a superior understanding and prioritization of community needs, community problems or barriers to accessing health care services based on data and input from various credible sources included in the application. (*Maximum 15 points*)
 - B. Amount and importance to community of services that the project proposes to maintain that otherwise might be eliminated, or extent to which the proposed project will improve existing services. (*Maximum 15 points*)
 - C. Extent to which applicant demonstrates achievable and convincing outcomes, and methods that will effectively monitor and evaluate those outcomes. (*Maximum 10 points*)

E. Financial Capacity (SCORING 0-20 points), based on response below:

This section evaluates the applicant's need for a grant based on total net assets and working capital.

Per Audited Financial Statements for 2004 (if not available 2004 Federal Tax Form 990):

- (1) Total Net Assets \$_____ (*Maximum 10 points*)
- (2) Working Capital (current assets minus current liabilities) \$_____ (*Maximum 10 points*)

F. Project Timeline/Readiness and Feasibility (SCORING 0-35 points), based on response below:

(1) How well the applicant demonstrates Project Timelines/Readiness and Feasibility based upon the following:

(A) A **project timeline** that includes the following (*not scored, but required*):

- (1) An expected start date (e.g. construction start date(s) and/ or equipment purchase date(s)).
- (2) An expected completion date (e.g. construction completion date(s), acquisition completion dates, and/or equipment installation date(s)).
- (3) Problems anticipated in implementing the project and how problems will be managed to ensure timely completion.

(B) **Project Readiness** after a review of all of the following (*maximum 20 points*):

- (1) For all projects* applicant shall submit estimates of project costs and evidence of property ownership or lease agreement (not required for equipment/furnishing acquisitions) that satisfies the requirements of Section 7094 of the Community Clinic Grant Program of 2005. The applicant shall also provide building permits and/or executed construction contracts, if available. An applicant with a project that does not yet have an executed construction contract or building permit but is actively in the process of obtaining one, shall provide a detailed statement that explains the status of obtaining the document.
- (2) For acquisition of real property, the applicant shall submit a copy of an executed purchase and sale agreement contract/option agreement (or status of obtaining them) or other evidence of site control to the satisfaction of the Authority.

- (3) For equipment acquisition projects, applicant shall submit a specific list of items and cost estimates of equipment or copies of invoices, and if applicable, cost estimates of equipment removal, installation and reasonable cost of training.
 - (4) If funding sources other than this Grant are required to complete the project, applicant shall provide approval or commitment letters from the other funding sources, confirming that the funding is secured and available in accordance with the project timeline and budget.
- (C) Whether implementation of the project is **feasible** (*Maximum 15 points*):
- (1) The applicant shall submit plans for project implementation that includes credible staffing, operations and reimbursement figures. If the project will result in an expansion of services, the applicant shall provide an organization chart identifying key personnel for the expanded services.
 - (2) The applicant shall submit a feasibility study, funding letters from funding sources supporting additional revenues or new/additional program services, or other documentation such as the minutes of the Board of Director meeting in which the project was approved. If revenues generated by the project will be insufficient, the applicant's revenues shall be sufficient as determined by Authority staff to provide on-going support.
- (D) If the Authority Staff determines at its discretion that the Applicant does not demonstrate timeliness, readiness, or feasibility, applicant MAY NOT be eligible for Grant funding.

The Authority Staff will evaluate a grant application based upon an applicant's ability to complete the project in a timely manner.

- Applicants must provide a reasonable timeline that contains the information requested in *Section F, Part I(A)* of the application.
- Applicants must provide documentation, which supports the ability to commence the project, as described in *Section F, Part I(B)* of the application.
- Applicants must provide a description of their ability to implement the project that contains the information requested in *Section F, Part I(C)* of the application.

G. Sources and Uses of Funds (Scoring – 0 points), but required.

This section evaluates the applicant's available sources of funds and proposed uses of funds.

- Applicants must detail all sources of funds needed to complete the proposed project, including borrowed funds, internal assets, or other sources. If the project, or a portion of the project, has been or will be submitted to other lenders or grantors for funding, applicant must list them and the status of their consideration. Authority Staff must be able to determine that all grant funds will be used on eligible portions of the proposed project or grant funds will not be awarded.

<u>Sources of Funds:</u>	<u>Amount</u>
Total CHFFA grant requested.....	\$ _____
Applicant internal funds*	\$ _____
Other (bank loans, grants, etc.)**:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Sources	\$ _____

* Please attach documentation verifying internal funds (i.e. recent bank statements, etc.)

** Please attach a copy of loan/grant documents supporting commitment from other sources.

<u>Uses of Funds:</u>	<u>Amount</u>
Construct facilities	\$ _____
Acquire facilities	\$ _____
Remodel or leasehold improvements***	\$ _____
Purchase equipment/furnishings	\$ _____
Information technology	\$ _____
Permit or planning fees	\$ _____
Other (list):	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Uses	\$ _____

***Applicant must have a minimum 5-year lease term remaining (after project completion) to renovate or remodel a leased facility.

Note: Total Sources must equal Total Uses

H. Reporting Requirements

The Authority is required notice to the Commissioner upon approving or denying any application from any Clinic. The Authority shall provide annual reports to the Commissioner and shall include at a minimum, total dollars awarded in Grants, description of each Project funded in the period report upon, the amount awarded to each Applicant, as well as a list of all Applicants who did not receive assistance and the reasons for such denial.

Pursuant to Section 15438.6(i) of the Government Code, upon disbursement of all grant funds, the Authority shall report to the Joint Legislative Budget Committee on the recipients of grant funds, the total amount of each grant and the purpose for which each grant was awarded. The following *voluntary* questions will provide information to the Authority for purposes of this reporting requirement.

Applicant Client Population Information

Please complete the table below and describe any other relevant economic or cultural characteristics of your client population. (*For reporting purposes only*)

The following categories require the number of clients in each sub-group, as shown on the applicant's most recent records.

Age	Gender	Ethnic Composition
0-19	Male	Asian/Pacific Islander
20-34	Female	African American
35-44	Total	Caucasian
45-64		Hispanic
65 & Over		Native American
Total		Filipino
		Other
		Total

I. Application Submission

Please submit completed application by mail (**must be received by February 28, 2006**) to:

California Health Facilities Financing Authority
915 Capitol Mall, Suite 590
Sacramento, CA 95814

LEGAL DISCLOSURE
LEGAL STATUS QUESTIONNAIRE

For purposes of the following questions, the term “applicant” shall include the applicant and the project sponsor, the parent of the applicant and the project sponsor, and any subsidiary of the applicant or project sponsor if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project. In addition to each of these entities themselves, the term “applicant” shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company.

Civil Matters

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Has the applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan, or been foreclosed against in the <i>past ten years</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the applicant <i>currently</i> a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant’s business, or (b) the project that is the subject of the application? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have there been any administrative or civil settlements, decisions, or judgments against the applicant within the <i>past ten years</i> that materially and adversely affected (a) the financial condition of the applicant’s business, or (b) the project that is the subject of the application? If so, please explain and state the amount. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the applicant <i>currently</i> subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a state or federal licensing or accreditation agency, a state or federal taxing authority, or a state or federal regulatory or enforcement agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the <i>past ten years</i> , has the applicant been subject to any civil or administrative proceeding, examination, or investigation by a state or federal licensing or accreditation agency, a state or federal taxing authority, or a state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment? If yes to either question, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

Criminal Matters**Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 6. Is the applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, <i>felony charges</i> against the applicant? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, <i>misdemeanor charges</i> against the applicant for matters <i>relating to the conduct of the applicant's business</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the applicant for any <i>financial or fraud related crime</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the applicant <i>currently</i> a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could <i>materially affect the financial condition of the applicant's business</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Within the <i>past ten years</i> , has the applicant been convicted of any <i>felony</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Within the <i>past ten years</i> , has the applicant been convicted of any <i>misdemeanor related to the conduct of the applicant's business</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Within the <i>past ten years</i> , has the applicant been convicted of any <i>misdemeanor for any financial or fraud related crime</i> ? If so, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

LEGAL DISCLOSURE INFORMATION
(Please explain any “yes” answers on Attachment A)

AGREEMENT AND CERTIFICATION

The Chief Executive Officer, Chief Financial Officer or other authorized officer of the Applicant on behalf of the Applicant shall agree and certify to the following terms and conditions:

1. The information contained in the Application Form and attachments is true and correct to the best of its knowledge and belief and understands that any misrepresentation may result in the cancellation of a grant and other actions permitted by law and the grant agreement.
2. Applicant may be required to return all or a portion of the Grant if the applicant fails to complete the project as approved. In cases where the Grant will fund planning, permit or land acquisition costs as part of an approved project, the applicant may be required to return all Grant funds if the Authority cannot determine that the associated larger project has been completed, based on timelines provided within the application Form.
3. Grant funds will only be used for the project described in the Application Form, unless a change in project scope is approved in writing by the Authority.
4. The agency hereby certifies that if an IRS form 990 was submitted in lieu of an audited financial statement, no audit of financial statements was performed.
5. The project and financial records of the applicant's project are subject to audit and inspection by the Authority, the Bureau of State Audits, the State Insurance Commissioner, or the California Department of Insurance or its designee.
6. Applicant has disclosed all information requested by the legal status questionnaire.
7. Applicant will notify the Authority in writing at the time of project completion with evidence of completion included.
8. Applicant will provide all documents and information required by law and will meet all necessary requirements prior to the release of the Grant.

By (Print Name)

Signature

Title

Date

STATISTICAL UTILIZATION REPORTING
(For On-Reservation Indian clinics)

Economic Status of Clients

Number At Poverty Level* of Unduplicated Patients	Number of Patients
Below 100%	
100-200%	
Above 200%	
TOTAL	

Total Patient Encounters

Charges/Revenues By Payment Source	Number of Encounters
Medicare	
Medi-Cal (includes 95-210)	
SLIAG	
CHDP	
MISP	
CMSP	
EAPC	
Other County Programs	
Other State Programs (Excluding WIC)	
Private Insurance	
Patient Pay (Self Pay)	
Non-Pay (Free Patients)	
All Other Payers	
TOTAL	